

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	20206-15
First Named Inventor	Benjamin Eldridge
COMPLETE IF KNOWN	
Application Number	10/003,012
Filing Date	November 2, 2001
Group Art Unit	2858
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR COMPENSATING THERMALLY INDUCED MOTION IN PROBE CARDS

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the specification of which

☐ is attached hereto OR ☒ was filed on (MM/DD/YYYY) November 2, 2001 as United States

Application Number 10/003,112 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim, as amended by any amendment specifically referred to above.

I acknowledge and hereby disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PATENT OFFICE
FEB 11 2002

Type a plus sign (+) inside this box → ☐

WENMM SB/01 pg 2

DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT
Number

Parent Filing Date
(MM/DD/YYYY)

Parent Patent Number
(if applicable)

☐

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practioner(s) to prepare this application and transact all business in the Patent and Trademark Office connected therewith:

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Registered practioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number
Daniel J. Lueders	32,581		

☒

Additional registered practioner(s) named on supplemental Registered Practioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☐

Customer Number
Bar Code Label

OR

☒

Correspondence address below

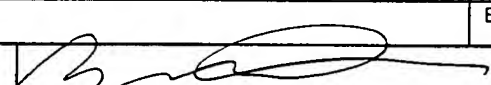
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Address					
City	Indianapolis	State	IN	ZIP	46204
Country	US	Telephone	317/ 634-3456	Fax	317/637-7525

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

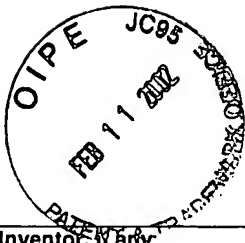
☐

A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))			Family Name or Surname		
Benjamin N.			Eldridge		
Inventor's Signature					Date 12/5/01
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				Country	USA

☒


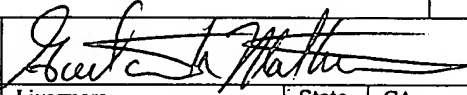
Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Joint Inventor, if any:		A petition has been filed for this unsigned inventor.					
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Citizenship		USA					
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ZIP		94550		Country		USA	
Citizenship		USA					

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
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Gaetan L.				Mathieu			
Inventor's Signature						Date	Jan 10, 2002
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Post Office Address							
City	Livermore	State	CA	ZIP	94550	Country	USA
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	